

The **Keystone** *Province*

July-1945-August

Health and Welfare Issue

Vol. 2, No. 1



MANITOBA

• *Inside the Rim of Adventure* •



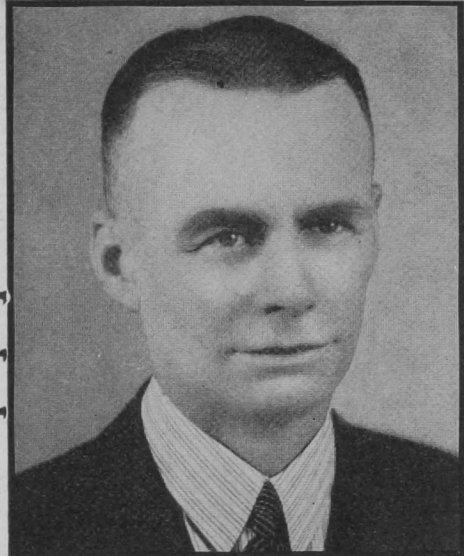
As Good Citizens . . .

THE CORNERSTONE of national health is human vitality. The cornerstone of national welfare is personal security. Every man and every woman wants to acquire and maintain abundant health and a sense of earned and deserved security. Such a state of health and welfare should be as much a part of the Canadian way of life as freedom of speech.

"Life is what we make it" is more nearly true in the field of health today than ever before. Medical science has now reached the stage in the control of diseases where we can proclaim that almost anyone can have good health if health facilities are available. The Provincial Department of Health and Public Welfare aims to bring to every individual in the province the best health care that can be provided. As good citizens we are each concerned not only with our own personal health and security, but also with the health and security of every citizen of our province. Every citizen of the province contributes to the cost of our health and welfare services; every citizen benefits from them; every citizen should acquaint himself with the activities and interests of the Department which provides these services. The pages that follow tell a simple but graphic story of some of the ways in which the Department of Health and Public Welfare serves the people of Manitoba.

MINISTER OF HEALTH AND PUBLIC WELFARE
Province of Manitoba.

\$45
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A Tradition of Social Pioneering...

WE ARE VERY HAPPY to have the use of "The Keystone," through the courtesy of the Department of Mines and Natural Resources, to enable us to bring to the readers of this issue a picture-story of the services provided by the Department of Health and Public Welfare for the people of our Province.

This is an interesting story. It begins seventeen years ago when Manitoba inaugurated the first joint Department of Health and Welfare in the Dominion of Canada. Our development has been made possible by the co-operation of different health agencies, including municipalities and many citizen organizations. We think we have made progress, but we look forward to even greater improvements in the future.

We now have a sound foundation for further extension of Health and Welfare activities. This is due in great measure to the loyalty and hard work of every member of our staff, to whom we tender our grateful thanks.

The Manitoba Health Plan is the beginning of a new era. The next few years should see us well on our way to that goal we all desire: the provision of all services necessary in health and welfare so that everyone in Manitoba may have health, happiness, and security.

J.W. Jackson

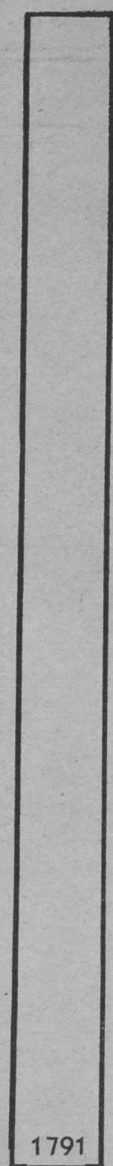
M.D., D.P.H.

DEPUTY MINISTER, HEALTH AND PUBLIC WELFARE.



Manitoba Fights Diphtheria!

Cases



1919-23

1924-28

1929-33

1934-38

1939-43

1944

Deaths



1919-23

1924-28

1929-33

1934-38

1939-43

1944

The Science of Prevention



"AN OUNCE of immunization today is worth a pound of epidemics tomorrow." Here is the philosophy of public health in a nutshell, as applied to the communicable or "catching" diseases. Modern science has developed serums, toxoids or vaccines for nearly every type of communicable disease. A few simple injections from a fine hollow needle, and no one need worry about that "bug" again. Obviously the proper time for immunization is infancy or early childhood. The problem is to make immunization facilities available to every child and every parent in the community. The agency most concerned with achieving this in Manitoba is the Bureau of Disease Control, Division of Acute Communicable Diseases.

This Division has a variety of activities. One is the recording of all cases of communicable diseases and cancer reported by physicians in Manitoba. From these figures are compiled daily, weekly, four-weekly and yearly reports. These reports are distributed to the various interested authorities. Statistics are the best source of information and tell us how we are doing, what our problems are, and where action is needed.

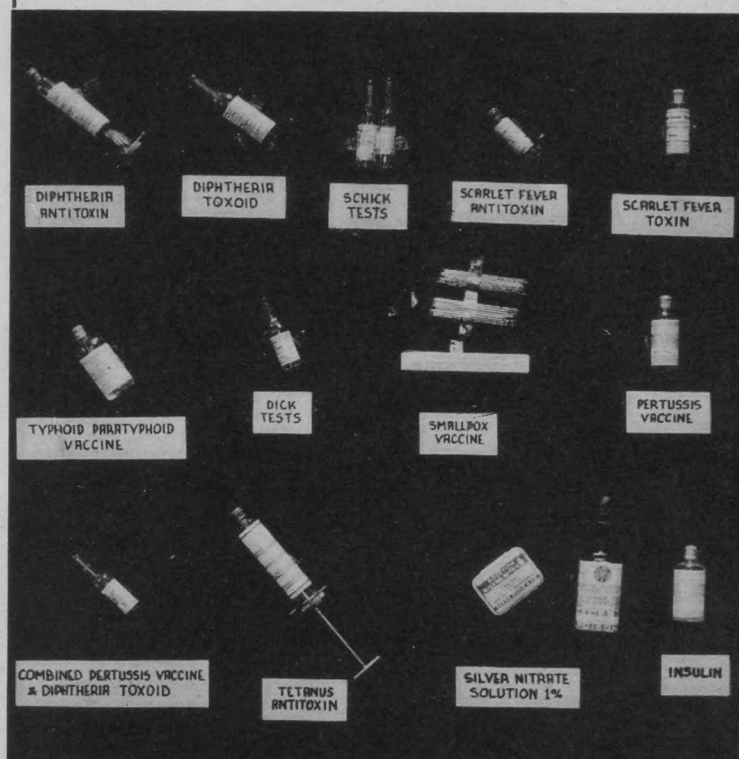
Statistics for 1944 show that the total number of cases of communicable disease was less than in 1943. There were no serious epidemics, although there was a small outbreak of typhoid fever in Indians and half-breeds, and infantile paralysis almost assumed epidemic proportions. There was an increase in the number of cases of measles and scarlet fever over the 1943 figures, but as these diseases occur in cycles or waves this is not significant. There has not been a case of smallpox reported in Manitoba since 1939.

Diphtheria is also a preventable disease. The graph on the page opposite shows a marked decrease in the number of cases and deaths from 1919 to 1933, and since then little reduction. Two hundred and fifty cases causing fourteen deaths in 1944 is too much

loss from a preventable disease. The Division has been striving by every means possible to have all children immunized against diphtheria. Its further efforts depend upon the co-operation of all parents, physicians and nurses.

Among its other activities, the Division assists local medical officers of health to investigate epidemics and control them; advises all medical Health Officers regarding prevention and control of communicable disease, and stimulates interest in immunization clinics; supplies free vaccines, toxoids, serums to physicians; conducts immunization clinics in unorganized territories; provides three weeks free hospitalization for examination and treatment of polio patients suffering from residual paralysis; and furnishes information to all who request it.

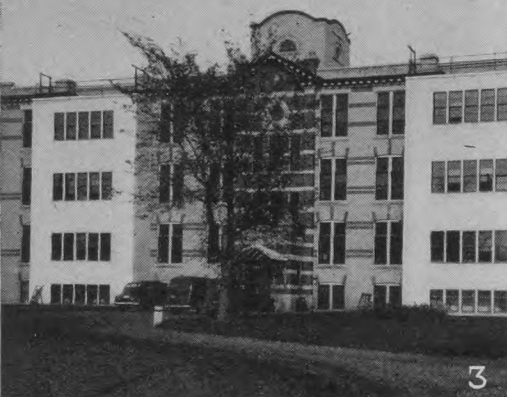
Biologics (Serums and Vaccines) Supplied Free by Manitoba Department of Health and Public Welfare Section of Preventive Medical Services.



Tuberculosis Control in Manitoba



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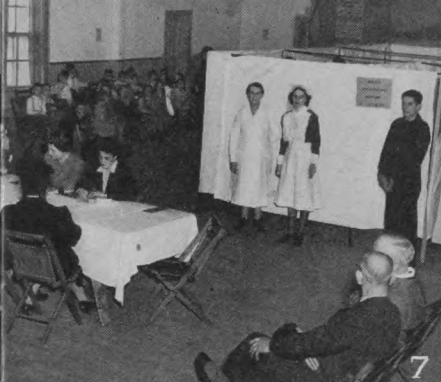
1. Manitoba Sanatorium, Ninette, has 285 beds for treatment of tuberculosis. Set low against the hills skirting Pelican Lake, it is operated by the Sanatorium Board of Manitoba, whose Medical Director is also Medical Superintendent of the Sanatorium. The Sanatorium Board in co-operation with the Tuberculosis Control Commission conducts the general anti-tuberculosis program in Manitoba.
2. St. Boniface Sanatorium situated in St. Vital across the river from the University of Manitoba is operated by the Sisters of Charity; opened in 1931, it has 280 beds for treatment.
3. King Edward Memorial Hospital, with 140 beds, is operated by the City of Winnipeg.
4. The Central Tuberculosis Clinic, adjacent to Winnipeg General Hospital. It is operated by the Sanatorium Board as a diagnostic, re-examination and clearing centre. A majority of patients are introduced to tuberculosis treatment here, later going to one of the sanatoria.
5. The Central Registry located at the Central Tuberculosis Clinic is the centre for statistical information on tuberculosis in Manitoba. It is operated by the Department of Health and Public Welfare. The Director of the Registry also supervises the follow-up work carried on by Provincial Public Health Nurses among tuberculosis ex-patients and contacts.
6. Loading the Travelling Clinic van at Ninette. The Clinics visit some forty centres each year. Monthly clinics are held at Brandon, Dauphin and Portage la Prairie.
7. Young and old turn out for a free chest X-ray film at a community survey by the Sanatorium Board. Nearly 60,000 Manitobans had X-ray examinations for tuberculosis during 1944.



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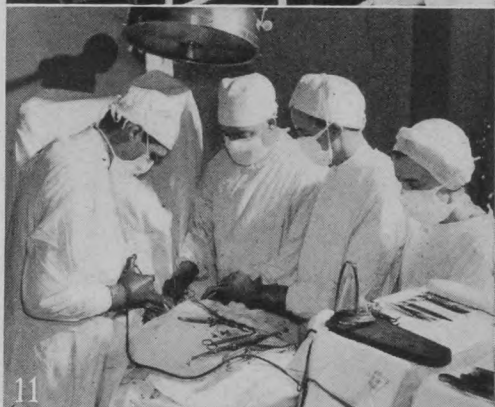


Christmas Seals, purchased annually by community-minded Manitoba citizens, pay for Travelling Clinics, Rehabilitation, and X-ray examinations of apparently healthy people that are an essential part of a prevention program.

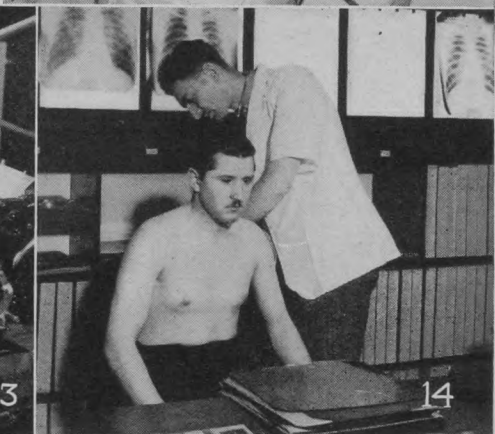
8. Survey X-rays are taken on 35 mm. film, like movie film. These are projected and read by Sanatorium Board physicians. If there is the slightest indication of tuberculosis, the patient is given a complete examination and a large X-ray film, as shown here, is taken. The doctor records his reading immediately by dictaphone.
9. Rest is the fundamental treatment for tuberculosis, combined with good food and fresh air.
10. Rest of the affected part may be obtained by introducing an air cushion around the lung that temporarily collapses it — pneumothorax treatment.
11. Surgery plays an important part in modern tuberculosis treatment.
12. These young ladies are learning to type at the Sanatorium, preparing for return to the world of work. Their studies are arranged by the Rehabilitation Division of the Sanatorium Board.
13. Back at work. With health restored by successful treatment, assisted by careful guidance both in sanatorium and afterwards, ex-patients welcome the day when they can return to suitable employment.
14. Follow-up examinations, given to ex-patients as long as the doctor considers them necessary, are a protection for the future.



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Cancer Control...a Public Responsibility

FIFTEEN years ago cancer was a subject seldom discussed. Today throughout the province it is a matter of general interest. This change in attitude is the result of years of educational effort by the Manitoba Cancer Relief and Research Institute.

Before cancer can be controlled the subject must be understood. The problem of cancer control is not primarily the problem of cancer institutes, of hospitals or of the medical profession. The extent to which these agencies can operate is determined by the degree of public support available to them. Cancer control is primarily the problem of the public itself.

The public must recognize this responsibility. Public education is essential in order to achieve definite support for research institutions. It is essential in order to achieve early diagnosis, for cancer in its

early stages has no marked symptoms. Unless the disease is recognized in these stages, there is little hope for a successful cure. If the disease is recognized while it is still localized, however,

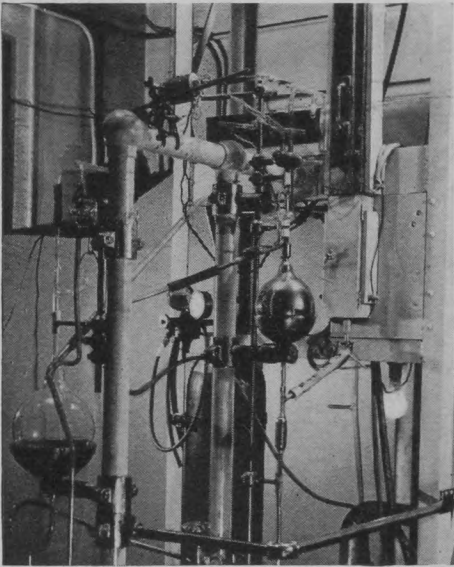
High intensity X-ray generator operating at 400,000 volts. Delivers X-rays ten times faster than usual generator. Developed and constructed by the Institute's technicians, this is the only generator of its kind in Canada.

cancer treatment offers the greatest possible hope for recovery.

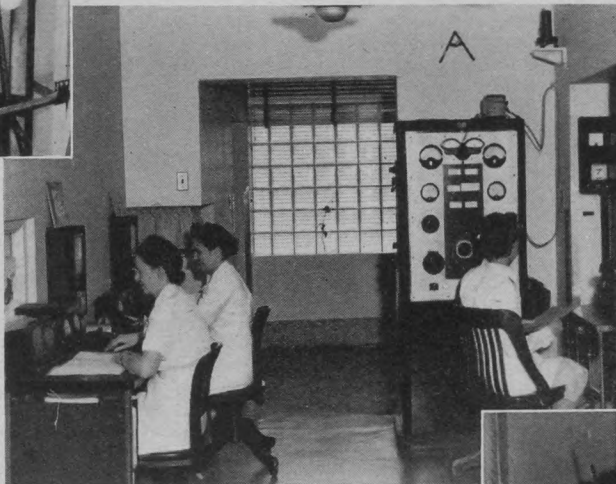
The essential nature of cancer is still uncertain, with the result that present-day treatment is entirely empirical.

At present some 65 per cent of all cancer treatments are surgical; of the other 35 per cent, radium and X-ray are used independently or jointly, and sometimes in combination with surgery.

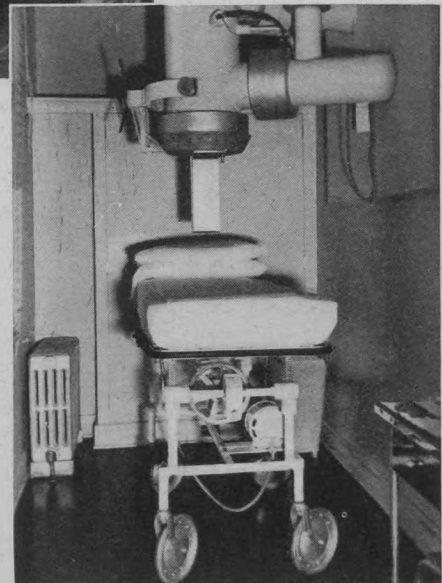
In Manitoba the X-ray and radium facilities required for cancer treatment are supplied by the Manitoba Cancer Relief and Research Institute. Cancer surgery is provided in the same manner as surgery for any other condition. Anyone suspecting the presence of cancer is urged to apply immediately to his or her physician, who is in a position to start the patient immediately on the road to successful treatment.



Radium equipment used to extract and purify the radio-active gas. One of the best in Canada, this plant was developed by technicians of the Manitoba Cancer Institute, and supplies radium products throughout Manitoba and to other parts of Canada.



Control room at Forlong Memorial X-ray Department, Winnipeg General Hospital, which is operated by the Manitoba Cancer Institute.



*"Information
&
Inspiration"*

Health and Welfare Education

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PUBLIC health administration is above all a constant process of enlightenment. Every public health worker educates as he goes, otherwise his job is only half done. Public health workers have discovered, moreover, that a centre or focus is also needed; some central agency to co-ordinate their efforts, to mobilize educational resources, and to spotlight the darkest areas of public ignorance on matters of health and welfare.

In Manitoba, this agency is the Bureau of Health and Welfare Education. Since its formation in 1929, the Bureau has expanded its activities far and wide into the community. Its resources have expanded to include specially trained personnel, and it has progressively adopted the new techniques of radio, press, films and community projects.

The Bureau provides consultation and guidance to individuals and groups, including schools, in health education; operates an information service; assists communities in planning health education projects; and helps to achieve and maintain co-ordination between all agencies concerned with health and welfare education.

During 1944, the Bureau acquired the services of a nutritionist, whose activities include a consultant service to professional groups and to the public; assistance to communities



Preparing the projector for a health film.



Making a poster for a diphtheria campaign.

TODAY'S SCHOOL SHOULD PROVIDE FOR THE WHOLE CHILD

Sanitary toilet facilities.
Safe drinking water.
Clean, attractive school.



Adequate, hygienic lighting.
Healthful heating.
Safe, comfortable ventilation.



HEALTHFUL LIVING

Curriculum meets his needs.
Good home & school relationships.



Plenty of time for lunch.
Planned hot lunch program.



Playgrounds and a well-supervised relaxation & play periods.



HEALTH SERVICE

Morning inspection by teacher to encourage good personal hygiene.



School Health-Medical Exam.
Dental Exam.
Case follow-up.



Regular health instruction - Planned and incidental.



HEALTH INSTRUCTION

Interesting health books for pupils research.



A typical health exhibit.

MANITOBA DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

Free Publications



Literature may be had for the asking.

in planning nutrition programs; the preparation of publicity material; and co-operation with other agencies in the field of nutrition.

The Bureau maintains a library of films on health and welfare topics, available with a projector to any interested group. The Bureau also conducts a speakers' service and prepares health programs for radio presentation. The staff artist prepares posters, signs, exhibits, and illustrates publications.

During 1944, 142,730 free pamphlets were distributed from the Bureau, and 35,184 pieces of

mimeographed literature; 2,949 requests for information were met during the year.

An important part of health and welfare education is the Department's Library, which serves both the public and the staff of the Department with current health and welfare literature. During 1944 a total of 9,212 such loans were made, and over 5,000 enquiries were dealt with.

Within the Department, the Bureau has the special functions of co-ordinating all educational efforts, and of organizing staff conferences which help to develop a unified policy and program for the whole Department.

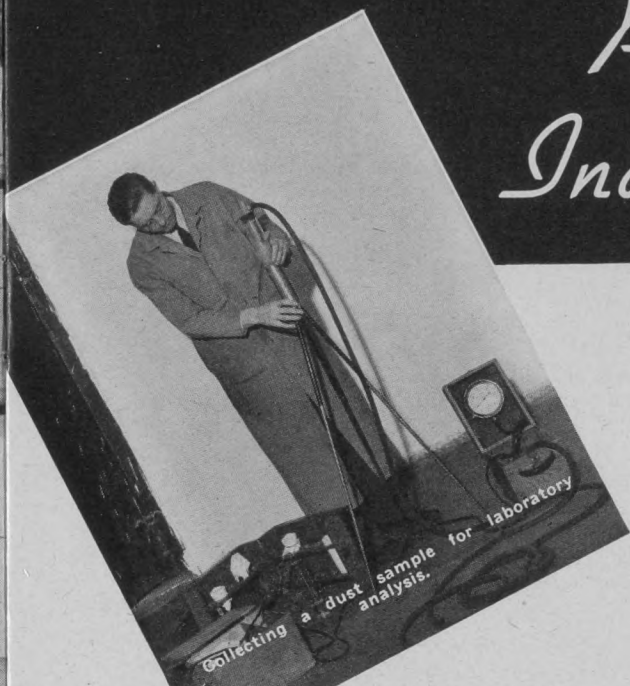


Better school lunches are part of the nutrition program.



The public makes use of the Department's library.

Protecting the Industrial Worker



GONE are the days when either employer or government could take a "hands-off" attitude to the health of the worker. Increasingly, both have recognized that industrial health pays dividends, and that they have a joint responsibility for healthy working conditions.

In days gone by, adequate health service for industry was interpreted as furnishing first aid to the injured or sick. Little or no thought was given to prevention. Today the reverse is true—the emphasis is on prevention and doing as little curative medicine as possible.

In the mines and in the manufacturing and construction industries of Manitoba there were over 56,000 workers in 1941. Thus an important section of the population is served by the medical protection services of the Bureau of Industrial Hygiene.

For the most part, these services are advisory. A consultative service is offered to employers and industrial agencies in the prevention and con-

trol of occupational diseases, and during 1944 over 100 such consultations were held. In the same year, 135 visits were made to industrial plants by the personnel of the Bureau.

A consultative service is also offered to physicians in the diagnosis of occupational and general diseases suffered in industry. Physicians are required to report all industrial cases to the Bureau.

The Bureau employs the services of a physician, a chemist and an engineer, all of whom have had special training in Industrial Hygiene. Plant surveys are made by this team of specialists. Each approaches the problem from his own specific field, in order to develop a complete picture of each industry.

An important part of the physician's work is to interest management in the development of plant medical services. Smaller plants, which until recently employed only a first aid worker, are now learning that it pays to provide medical and nursing services on a full-time or part-time basis.

The engineer is interested in "industrial housekeeping"—such things as sanitation, ventilation, humidity, and lighting. He acts in a consultant capacity, makes recommendations for controlling physical conditions by engineering means.

Examination of blood for lead poisoning.





Two views of an industrial health centre in a Manitoba plant. Adequately staffed and equipped, this centre can handle physical examinations, emergency treatments, consultations on occupational diseases, and health education in the plant.

The Bureau maintains a well equipped industrial hygiene laboratory, where the chemist makes detailed analyses of samples of the workroom atmosphere, including dust studies, gas analyses, quantitative determinations of poisonous substances, and certain clinical tests associated with occupational diseases.

When physician, engineer, and chemist have surveyed a plant and compiled the results of their investigations, these are made the basis for recommendations to management.

While the services of the Bureau are largely advisory, in the case of certain specific occupational diseases the Bureau has power to enforce minimum standards. Silicosis is the best example. This condition is contracted by hard-rock miners, foundry workers and stone-cutters breathing silica into their lungs in the form of dust. Silicosis takes many years to develop, and can only be detected by chest X-rays. Every worker in Manitoba exposed to a silicosis hazard must possess a certificate of fitness,

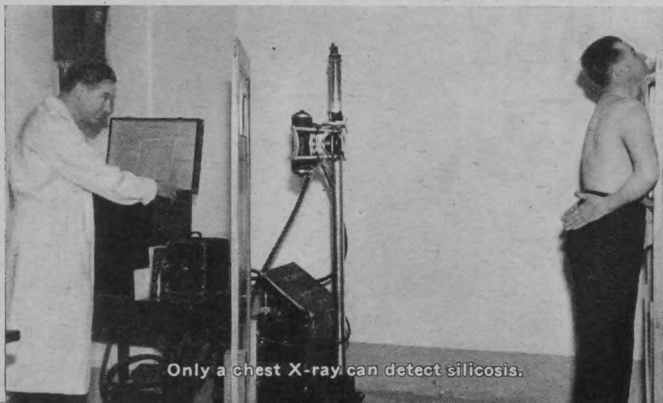
renewed each year. For this purpose, the Bureau conducts an annual Silicosis Survey. The Bureau's physician and an X-ray technician visit every mine and foundry in the province, and the X-ray plates are reviewed by the Central Tuberculosis Clinic before certificates are issued.

During 1944, 1850 certificates were issued to miners, 700 certificates to foundry workers.

This, of course, is only one aspect of silicosis prevention. Periodic dust counts are also made, with recommendations to management for dust control measures when necessary.

The silicosis prevention program is thus an excellent example of modern industrial hygiene. The problem is approached both from the human point of view; in order to prevent individual cases; and from the environmental point of view, in order to ensure if possible that no individuals are exposed to the hazard. This is preventive medicine in action, preserving the health and life of the worker.

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Only a chest X-ray can detect silicosis.



Air-flow readings being taken by Bureau engineer for ventilation control.

The Public Health Nurse in Action



Testing vision in the classroom.



Examining the children for any sign of communicable disease.



Ready for the dentist. The nurse assists at the dental clinic.



Waiting his turn, this child receives instruction on the care of his teeth.



Preparing the children for immunization by the medical health officer.

Home Visits

THE public health nurse is the essential link between the doctor and the public. Working directly with the people, she interprets medical, social and sanitary procedures in terms of local needs and local facilities. For thirty years in Manitoba, the public health nurse has served the people well and has earned their respect and affection.

Public health nursing became part of the health service of Manitoba in 1916. The Manitoba government was the first on this continent to provide such a service on a province-wide basis. The nursing service has grown and developed with the growth of the public health service. Today, there is a Bureau of Public Health Nursing within the Department of Health and Public Welfare, and through this bureau a generalized public health nursing service is provided.

The public health nurse is an R.N.—a graduate Registered Nurse whose hospital ward is the community she serves. She also has post-graduate training in the field of public health. More and more nurses are being provided with advanced training by the Manitoba government.

The school is the focus around which much of the work of the public health nurse is organized. First of all, the child who is about to enter school should be in good health and should be protected against diphtheria, smallpox, and whooping cough. The nurse visits parents and encourages mothers to



After the visit—a grateful mother says good-bye.



The nurse shows the care of a child sick with a communicable disease.



Baby bath—the mother sees how it's done.



A community loan cupboard for use of families in sickness.

The People Use the Clinic

take their children to the doctor for a health examination and the necessary immunization.

In many communities, dental and immunization clinics are held in the schools. The public health nurse prepares parents, teachers and children for the clinic, seeks the co-operation and assistance of everyone in the community. The nurse assists the doctor at the immunization clinic and the dentist at the dental clinic.

The nurse visits the classroom and works with teachers and children to develop healthful ways of living. Children learn to report any sign of illness or infection to their parents and their teachers.

The nurse pays a visit to each mother in her home as soon as possible after the baby is born to give any help she may need in learning to care for herself and her baby.

The nurse holds well-baby clinics, where mothers bring infants and pre-school children to be weighed and measured. They bring their questions to the nurse who helps them to understand the physical and mental needs of their children. Mothers are encouraged to take their babies to the family physician for immunization and periodic health examination.

The success of the public health nurse depends upon the intelligent interest of everyone in the community. Council members, school boards, parents, teachers, and children all play a part in making the health program effective by their co-operative efforts.

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Pre-school children also come to the clinic, where problems are discussed.



Baby's weight is carefully recorded at each visit to the clinic.



The nurse discusses infant care with a group of expectant mothers.



Time out at the well-baby clinic for informal instruction.



Confidential interview with public health nurse.



Doctor checks heart during physical examination.



Controlling the Menace of V.D.

VENEREAL DISEASE is perhaps our greatest public health menace, nationally and internationally.

The toughest problem is in overcoming the inertia of old and mistaken attitudes to V.D. Our greatest enemies are ignorance, prudery, and refusal to face the facts. The first job of V.D. control authorities is educational—to make known the plain facts in as straightforward a manner as possible.

In Manitoba, the focus for this job is the Division of Venereal Disease Control. The Division is responsible for obtaining accurate knowledge of all cases of V.D. in the province; for applying public health control measures, and medical action when necessary; and for disseminating information to the public and to the medical and allied professions.

V.D. cases are reported to the Division by physicians and medical institutions. Contacts are also

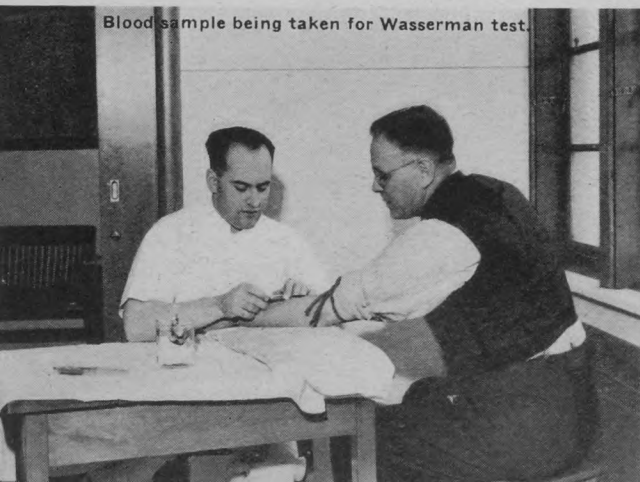
reported, and these are traced by members of the Division, who persuade them to undergo examination. If infected, they are given treatment. All this work is done in a friendly, confidential manner.

Conditions favorable to the spread of V.D. are also reported to the Division. Communities are urged to clean up local conditions, and to replace them with wholesome recreational facilities.

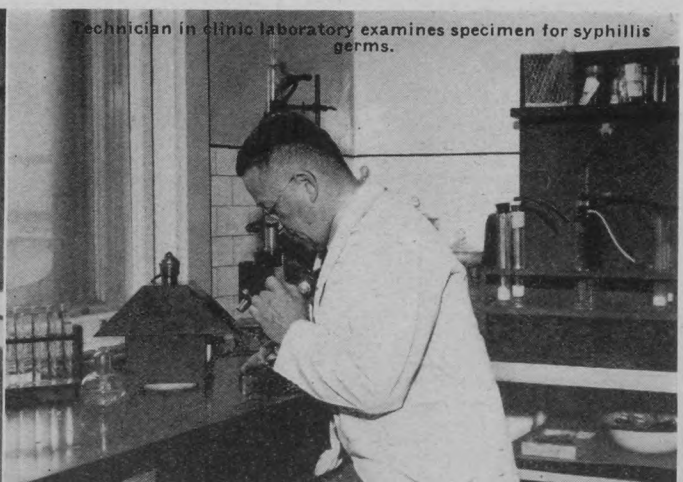
Syphilis is the most insidious of diseases. The usual way to detect syphilis is by the Wasserman blood test. In Manitoba, use of the Wasserman test is increasing by leaps and bounds. Many hidden cases have been discovered and many tragedies averted. Routine testing is now done in hospital out-patient departments, in blood donor clinics, and in some industrial plants. Premarital and prenatal examinations should include a Wasserman test, and many physicians insist on its regular use.

In Manitoba, adequate diagnostic and treatment

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Blood sample being taken for Wasserman test.



Technician in clinic laboratory examines specimen for syphilis germs.



facilities are available for all the people. The Department maintains a free public clinic attached to one of the hospitals in Greater Winnipeg. This clinic is in an attractive building with adequate facilities for complete examination and whatever treatment may be needed. Specialists in every branch of medicine are available, and arrangements are made for the maximum privacy to patients.

The Division assists physicians by supplying drugs for the treatment of syphilis and gonorrhoea, by supplying Wasserman tubes and doing laboratory tests free of charge. Rural practitioners are paid for the administration of drugs to syphilis patients unable to afford treatment.

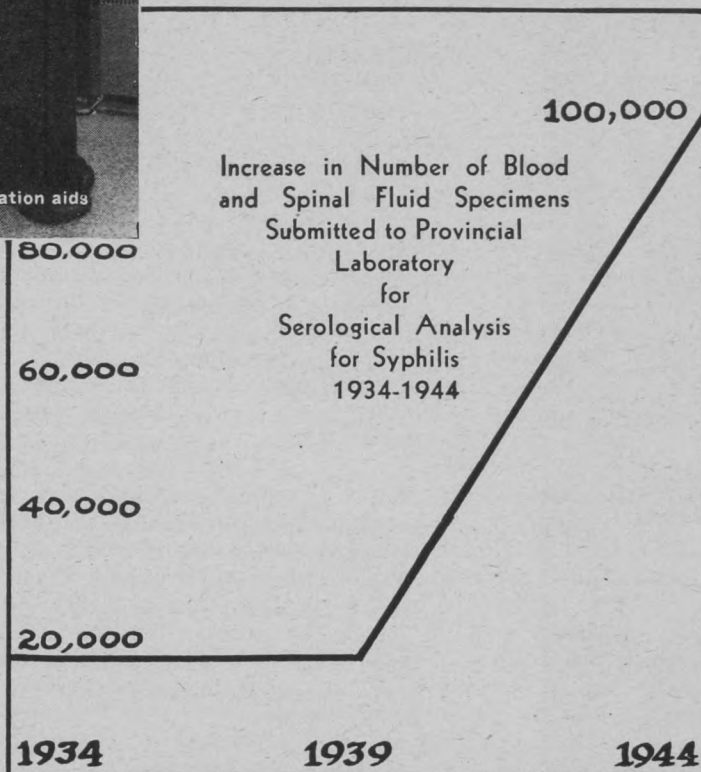
Whenever patients discontinue treat-

ment or observation too early, they are followed up and persuaded to return. With the insidious nature of V.D., this is essential not only to control the spread of the disease, but to protect the individual from further attacks.

These activities of the Division of Venereal Disease Control are supplemented by an active educational campaign. Needless to say, this depends upon the co-operation and initiative of local authorities and community organizations. During 1944, a campaign in Greater Winnipeg, sponsored by the Young Men's Section of the Board of Trade with the assistance and advice of the Division, was remarkably effective. Posters,

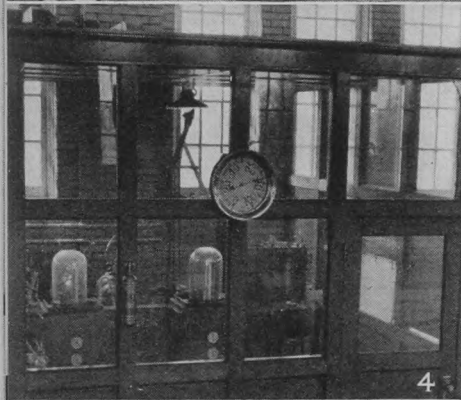
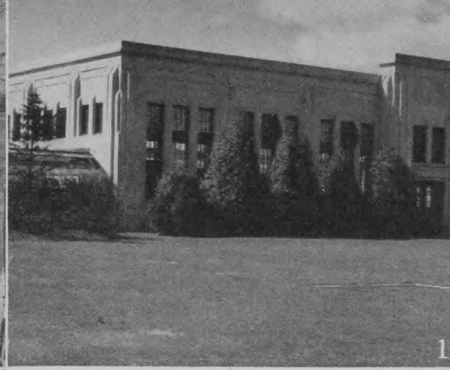
leaflets, films, exhibits, meetings, pamphlets, radio talks — every available means of communication — were used to impress upon the citizens of Manitoba the dangers of V.D. and the necessity of early detection and immediate treatment.

Finally, Manitoba has been playing its part in the co-ordinated program of control operating at national, provincial and local levels which has been launched during the war.



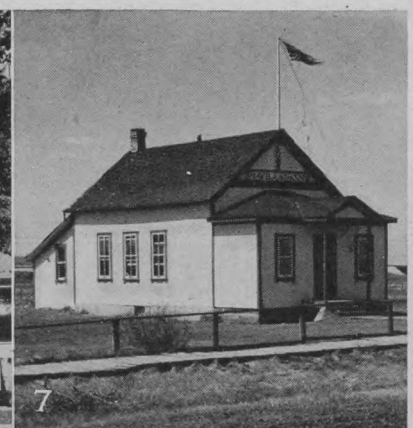
Sanitation Spell

1. Winnipeg's Water Pumping Station, showing adequate water supply, clean and free of bacteria, to the city and suburban areas. Construction between municipal authorities and the Section of Environmental Health is provincial standards high.



2. Water Treatment Plant at Pine Falls, Man. Construction of such plants must be approved by the Section's Bureau of Public Health Engineering, which exercises general supervision over the operation of all water works in the province.
3. Inside a modern water treatment plant, showing sand filters which remove suspended solids; gauges indicating rate of flow; and control valves which regulate the flow and clean the filters.
4. Chlorinating equipment in a water treatment plant. A small, carefully estimated amount of chlorine in the water kills bacteria, prevents disease. The Department supervises the use of chlorine in water treatment.
5. In the country, water as it comes from the ground is usually safe, but the well must be of solid, sanitary construction, otherwise dirt and germs seep in. Note the solid, concrete top on this new well. Advice on the proper location and construction of wells is available from the Department.
6. Modern sanitation includes every environmental condition which has an influence on human health. School lighting is an example. Here we see a modern country school, well lighted, with adequate window space.
7. In contrast, here is a country school of the old type, poorly lighted, with its small windows set far apart. The educational activities of the Department serve to popularize the newer type of school building, which is gradually replacing the old.
8. An unsanitary privy becomes a breeding ground for disease, and a menace to rural health. Outdoor privies should be of solid construction, weather-proof, fly-proof, rodent-proof,

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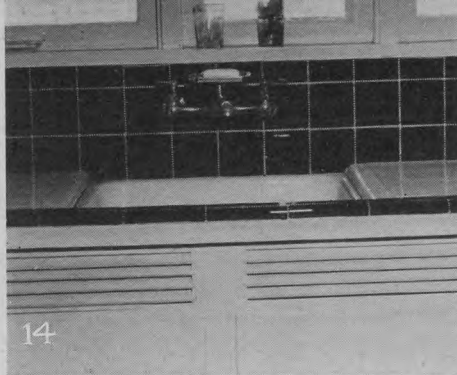


ells Civilization

ing Station, which ensures an ade-
n and free of disease-producing
aburban municipalities. Co-opera-
authorities and the Department's
l Sanitation helps to keep pro-

and maintained at all times in clean condition. This privy
is soundly constructed, and in good sanitary condition.

9. This picture speaks for itself. Such privies are all too com-
mon in the rural districts. The Section of Environmental
Sanitation is anxious to see them all replaced, and seeks to
make rural people aware of the necessity of sanitary meas-
ures for the prevention of disease.
10. Properly pasteurized milk is perfectly safe for human con-
sumption. The Section's Bureau of Food and Milk Control
encourages the pasteurization of all milk produced for sale,
inspects all pasteurizing plants. This modern plant, with its
clean surroundings and sterile containers, produces thou-
sands of quarts of safe milk every day.
11. Pasteurized milk being thoroughly cooled before being
placed in cans for shipping.
12. The newest method of cooling milk on the farm. This keeps
the milk sweet until delivered to the plant.
13. The eradication of household insects (vermin) is an essential
part of environmental sanitation. Extermination should be
carried out only by a licensed fumigator. Permits and
licenses are issued by the Department. Shown here is the
"pot" method of fumigation, using poisonous cyanide gas.
14. A modern kitchen is the right of every housewife. This
beautiful sink unit was photographed in a farm home. Many
farms now have their own water pressure systems, with
modern kitchen and bathroom units, septic tanks and
sanitary sewage disposal fields. The sanitary inspectors of
the Department advise rural dwellers and contractors re-
garding proper methods of installation.



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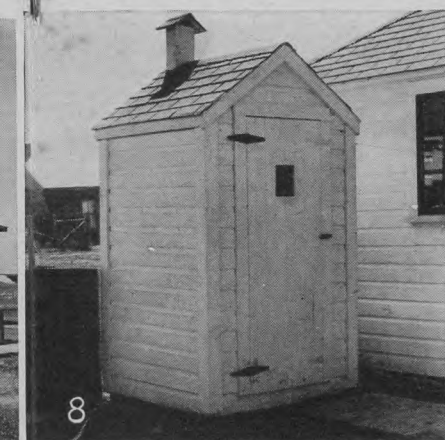
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Provincial Laboratories



Laboratory assistant takes sample from patient's ear for blood count, Brandon Hospital for Mental Diseases.



Laboratory personnel at work in the main Bacteriological Laboratory, Winnipeg.



Complicated tests are carried out under expert supervision.



Preparation Room. Laboratory work involves a variety of duties.

THE advance of public health has been dependent on the advance of science. Until we knew what caused disease, we had no real means of control. It was the scientist in his laboratory who first put us wise to the fact that most diseases are caused by "germs" or bacteria. Bacteriological laboratories have helped to determine the cause and cure of many diseases in the past hundred years. Only the bacteriologist can identify the unseen agents of disease, discover their means of transmission, and indicate scientific methods of prevention or of treatment.

Today the laboratory continues to deal with the unseen enemies of mankind. The laboratory is essential to nearly all public health procedures.

The main bacteriological laboratory of the Manitoba Department of Health and Public Welfare is located in the Medical College Building, Winnipeg. Some public health laboratory work is carried out in the laboratories of the Brandon Mental Hospital and in the Manitoba School for Mental Defectives at Portage la Prairie. Also, a small virus laboratory is located on the grounds of the Children's Hospital, Winnipeg.

In the bacteriological laboratories routine examinations are made to aid in the diagnosis of diseases such as diphtheria, tuberculosis, typhoid fever, dysentery, meningitis, gonorrhoea, and so on; examinations are made to determine the presence of carriers of communicable diseases and also to determine if persons who have recovered are free of infection.

The laboratory plays an important part in venereal disease control in its examination of blood and spinal fluid specimens for the presence of syphilis (the Wasserman test).

Food, water and milk are examined to determine their safety for consumption. The laboratory is particularly concerned with the investigation of epidemics. All tests and examinations are carried out free of charge for physicians in Manitoba.

The laboratory plays a leading role in the education of medical students and nurses, especially in problems pertaining to public health. It has also a responsibility for research and the stimulation of research in medical problems.

Mental Health in Manitoba

MENTAL health promises to be one of the greatest areas of future expansion in public health services. As we come to know more about the obscure workings of the human mind, "a sound mind in a sound body" becomes an attainable objective for every individual born into some not-too-future generation.

At present, most services are curative rather than preventive. Manitoba maintains four mental institutions: the Brandon Hospital for Mental Diseases, the Selkirk Hospital for Mental Diseases, the Winnipeg Psychopathic Hospital, and the Manitoba School for Mental Defectives at Portage la Prairie. The standard of care provided in these institutions is among the highest in Canada.

In 1943 Manitoba led all the provinces in proportion of patients "recovered" or "improved."

Mental hospitals used to be merely places of custody. Today they are modern hospitals with a special function. They require all the diagnostic equipment and medical staff to be found in general hospitals, plus special staff and facilities to care for the special needs of the mentally sick. These include laboratories, X-rays, dental and surgical equipment, hydrotherapy, electro and insulin shock therapy, vocational training, occupational and recreational activities. Every attempt is made to keep abreast of new developments in treatment.

Supervision of mental institutions, and administration of legislation respecting mental diseases and mental deficiency, are the responsibility of the Section of Psychiatric Services.

In recent years, the Section has extended its activities to include preventive services for the community at large.

Among the most important preventive services are the Child Guidance Clinics for school and pre-school children. These clinics detect the symptoms of mental disorder before they have gone too far, and help to develop positive habits of mental health in the young generation. In addition to regular clinics at Winnipeg and Brandon, a travelling Child Guidance Clinic operates from Brandon and visits the larger towns in western and northern Manitoba.

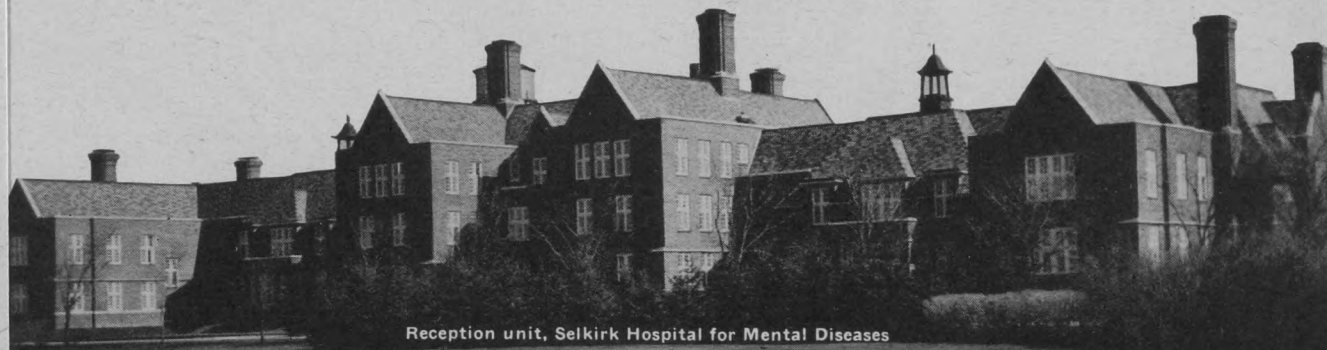
A similar service is provided for adults in the outpatient departments at Winnipeg and Brandon. These departments serve patients directly by treating mental diseases in the early stages, and indirectly by providing a consultant service to physicians.

The Section provides a diagnostic and treatment service to the child-caring agencies of the province and to the juvenile courts.

Plans for the future include additions and renovations to improve accommodation in existing institutions; extension of vocational training for the social rehabilitation of patients at the Manitoba School for Mental Defectives; improvement of facilities in the metropolitan area of Greater Winnipeg; and the establishment of full-time, mobile Mental Health Clinics to serve all the children in the province.

These plans are an assurance of mental health to the people of Manitoba. Like all plans, they require the understanding and participation of the people to become effective.

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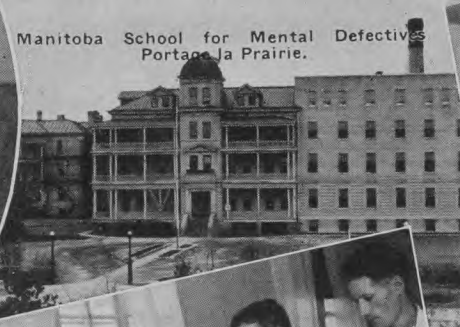


Reception unit, Selkirk Hospital for Mental Diseases

Leuchotomy—a new surgical procedure.



Manitoba School for Mental Defectives
Portage la Prairie.



Patients receive routine laboratory examinations.



Electro shock treatment for mental disorder.



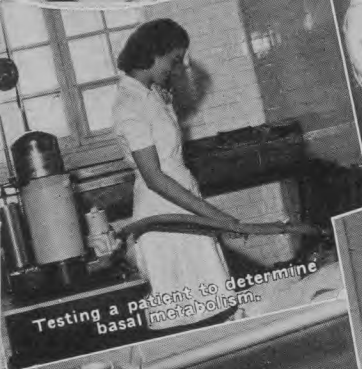
Patient and physician during psychiatric interview.



Insulin shock treatment requires constant care and skilled attention.



Testing a patient to determine basal metabolism.



Occupational therapy—patients at work in the tailoring shop.



Aptitude test in a child guidance clinic.



Occupational therapy—operating a printing press.



Aerial view, Brandon Hospital for Mental Diseases.



Patients at work in the toy shop.

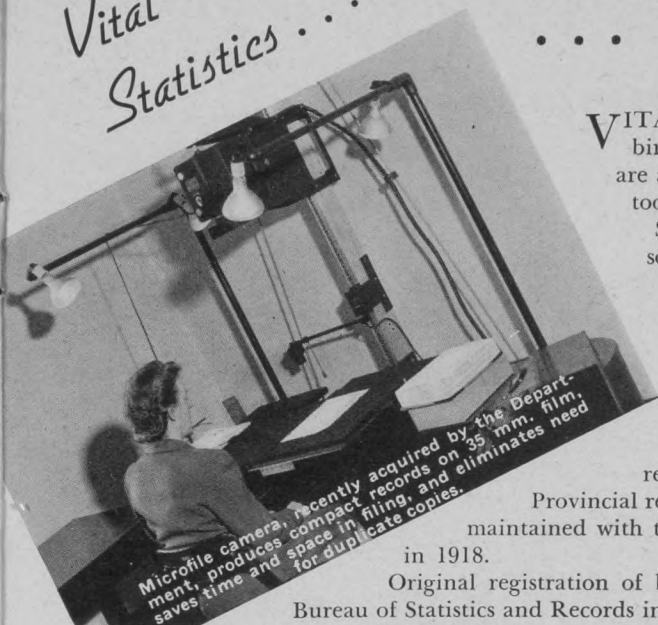


Medical staff conference discusses recent cases, after thorough investigation and careful recording.



Vital Statistics . . .

. . . They Tell a Story!



VITAL statistics tell the story of Manitoba's people: the births, the deaths, the marriages through the years. They are an index of social health at any time, and an essential tool in public health administration.

Statistics point to certain areas of the province where sources of death and disease require special attention. They tell an exciting story of achievement over the past few decades. For instance, the graph below shows how infant mortality has been reduced from 139 in 1912 to 46 in 1944 (deaths of children under one year of age per 1,000 live births).

Complete records are available only since the year 1912. In the early years, from 1814 on, only church records of births, deaths and marriages were available.

Provincial registration started in 1881. Close co-operation has been maintained with the Dominion Bureau of Statistics since its formation in 1918.

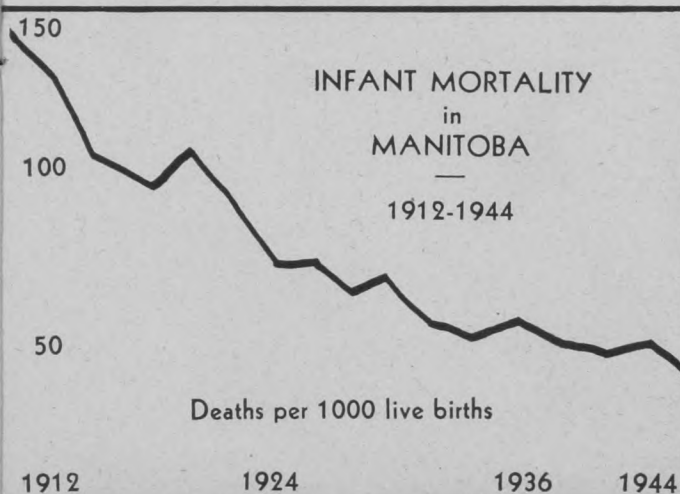
Original registration of births, deaths and marriages must be filed with the Bureau of Statistics and Records in Winnipeg. The responsibility for collecting and submitting these registrations lies with the secretary-treasurer of each municipality.

The Bureau issues birth certificates and marriage licenses; records final decrees of adoption; tabulates communicable disease statistics received from the Bureau of Disease Control; compiles monthly reports of all these records; and publishes annual summaries in statistical form. The last summary shows 1944 to be a typical war year, with births and marriages above prewar years, though slightly below 1942 and 1943.

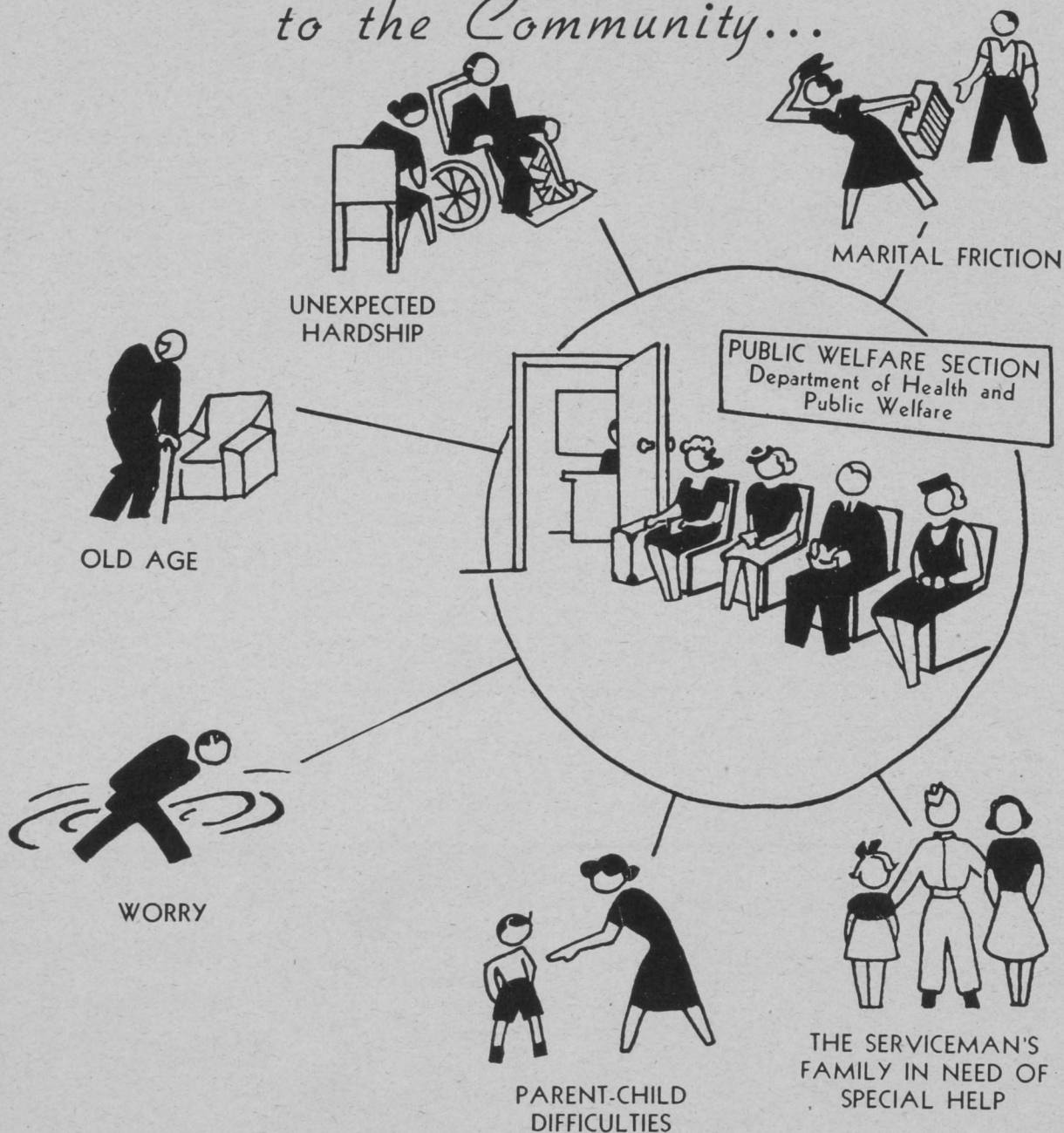
Public opinion increasingly demands strict observance of laws regarding registrations. Up-to-date registrations not only give a complete picture of population changes in the province, but are also essential to protect the legal rights of individuals. This has been more fully recognized since the outbreak of war. Demands for birth certificates have been greater than ever before; verification of records for the Dependents' Allowance Board alone have totalled over 79,000 during the past five years.

Changed conditions and new social concepts such as Family Allowances have brought with them a greater need for human records. Today, more than ever before, vital statistics are essential to intelligent progress.

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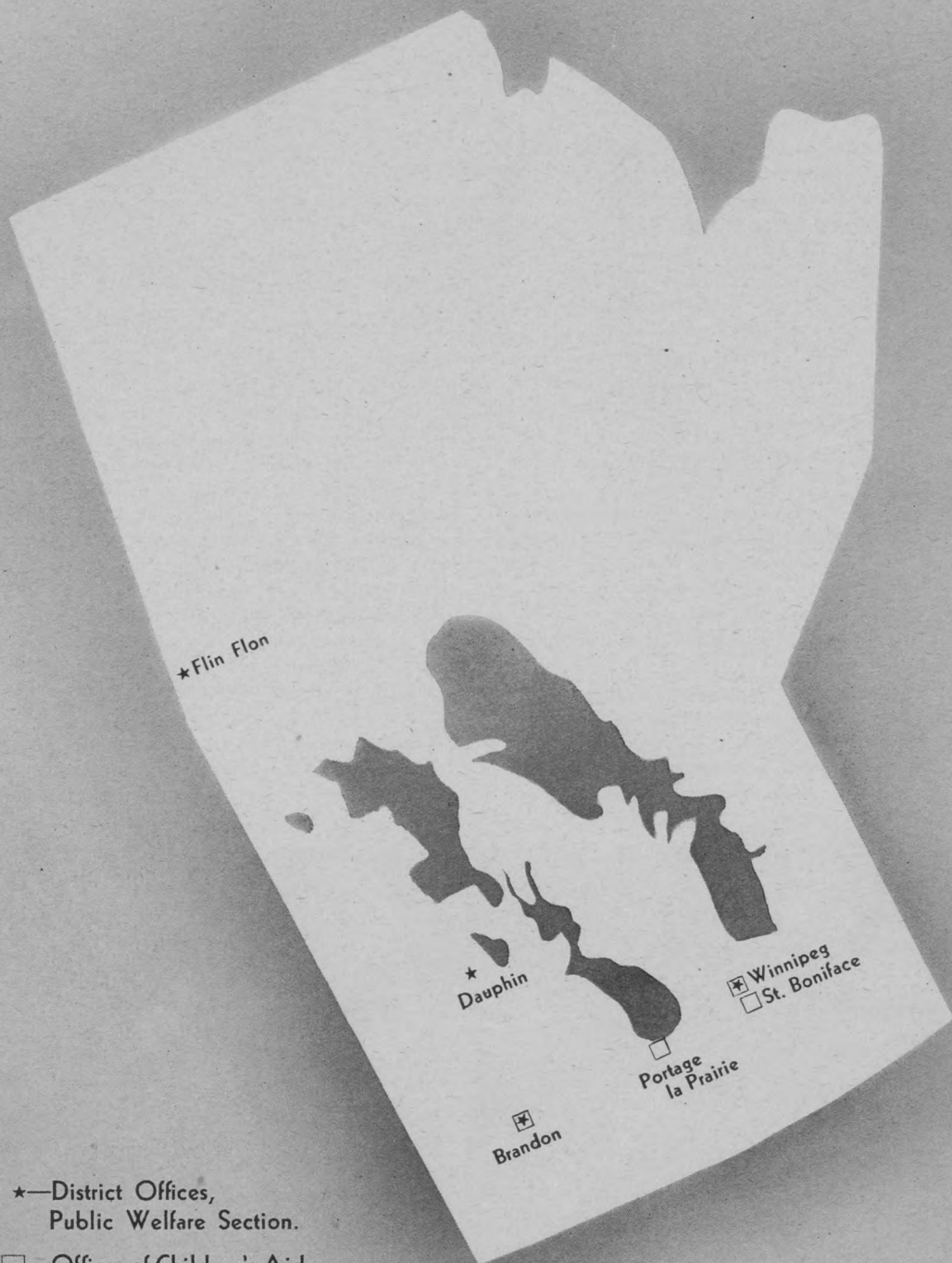


Public Welfare Reaches Out to the Community...



Prompt Assistance - Helpful Guidance

... From These Centres



Key:

★—District Offices,
Public Welfare Section.

□—Offices of Children's Aid
Societies of Winnipeg, Central Manitoba,
Eastern Manitoba and Western Manitoba.

Service and Assistance for the Common Welfare

THE aim of Public Welfare is "service and assistance to those in need," particularly to children. By protecting the future of the young generation, public welfare services prevent social waste and individual tragedy, and help to develop good citizenship.

In Manitoba, these services are conducted by the Public Welfare Section of the Department of Health and Public Welfare. The Section supervises the work of voluntary societies which provide child care and protection services in the more densely populated areas of the Province. These include the Children's Aid Societies of Central Manitoba, Western Manitoba, Eastern Manitoba and Winnipeg, and the Jewish Children's Home and Aid Society of Western Canada.

Some sparsely settled areas of Manitoba are not organized into municipalities. These are called "unorganized" or "disorganized" areas. The Public Welfare Section serves these areas directly, with its staff of trained social workers. Where there are families of bereaved and dependent children, financial assistance is given.

The Section receives complaints and enquiries regarding parents' or guardians' neglect of children. Assuming that most children will be happiest if they remain with their parents, the Section works with the parents, assisting them to find ways of

meeting their children's needs with the proper care. Only in an exceptional case is it necessary to remove the child from his parents and find a substitute guardian. During 1944 a total of 210 children were under the care of the section, of whom 186 were in foster homes. Homes are chosen which provide the happy, healthful surroundings that will bring out the best in the children placed there. Foster parents, through their understanding, kindness and concern for the children, are making an outstanding contribution to the welfare of the Province.

Every year hundreds of people come to the section to adopt children. Most of these people (some unable to have children of their own) are anxious



Foster children receive all the parental care and affection they need.



Healthful, happy play is the right of every child.



Children need parents—adoptions bring them together.

to assume full legal responsibility for the care of a child. Hundreds of children, whose future would otherwise be uncertain, are placed in these adoptive homes. Here they get all the care, affection and attention of children in a normal family group. Most of these children are those whose mothers were unmarried. The adoptive homes are selected for what they can offer the child, rather than what they expect from the child. Adopted children have the same right of security, care and affection as other children. Through the years thousands of happy children and proud parents have been brought together through adoptions.

The Section administers Mothers' Allowances in the Province. Families with children under fifteen, who have suffered loss of income through the death or disability of the father, are eligible for Mothers' Allowance. During 1944, 643 families with 1,951 children received allowances. During the war fewer families have required assistance than in previous years. The purpose of the Mothers' Allowance is

to provide security and hold the family together during time of stress. The children thus have a better chance to become self-supporting members of the community.

In most areas of the Province, people in distress, or in need of food, clothing and shelter, are assisted by the municipalities. In unorganized or disorganized areas, however, the responsibility is with the Public Welfare Section. When the Section has discovered a need for financial assistance, it is given promptly and in sufficient quantity to help the recipient lead a satisfactory life.

The aim in giving assistance is to strengthen rather than weaken the independence and integrity of the individual. It is the policy of the Section, in the area of social assistance, to help people become ineligible for assistance. This is done either by assisting them to the point where they can successfully manage their own affairs, or by helping them to qualify for the regular forms of assistance such as Old Age Pensions, Veterans' Allowances and Mothers' Allowances.



Bereaved and dependent children receive support through Mothers' Allowance.

"WE CAN NEVER SPEND
A PEACEFUL EVENING"

"I GIVE HIM SPENDING MONEY"

"AND HE GAMBLES IT AWAY"

"MY HUSBAND IS
ALWAYS IN A
BAD MOOD"

"MY SON NEVER
STAYS HOME;
HE WON'T DO
HIS HOME
WORK"

"A FRIEND SAID YOU COULD HELP"

Hundreds of families bring their difficulties to the Public Welfare Section, to the Children's Aid Societies and to the Family Agencies. Every case is different; every case receives individual attention. But the basic principle is the same: to maintain and strengthen the family unit by developing harmonious relationships within it.

Welfare Services in Wartime... and After

A MOST interesting and pleasant experience for the Public Welfare Section during the war years has been its contact with the group of children, generally known as overseas or refugee children, from Britain. This group came to Canada during the dark, early days of the war. Over 170 came to Manitoba. With few exceptions they were children under 12 years of age. These kiddies, torn from their homes and loved ones, were transplanted into a totally new environment here in Canada. Most of these children, who for the most part were supervised by the Children's Aid Societies, made an excellent adjustment, and all who came in contact with them enjoyed the experience. They received the help, guidance and affection of their new foster parents, and they gave in great measure of their own child-like affection and responsibility. Most of the children have now left our province. Many became members of our own armed forces and some returned to their homes in the old country to take their part in the war effort there.

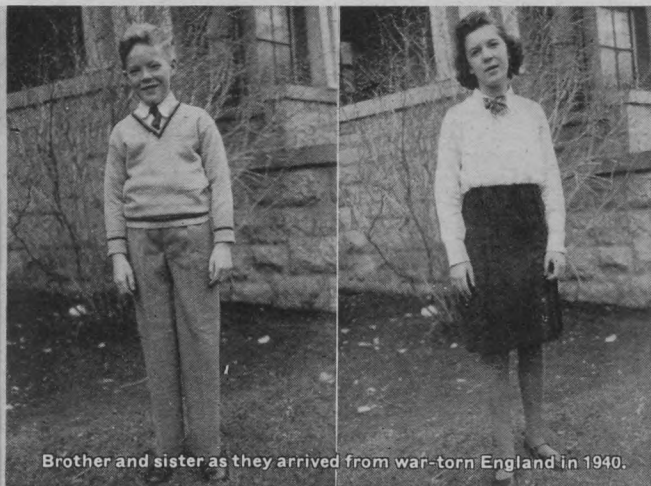
Throughout the war years, the social agencies in Canada have been called upon to play their direct part in the war effort of our country. The Dependents' Allowance Board, Department of National Defence, has found it necessary to give special assistance to certain families of servicemen and to make enquiries regarding family problems which affect the conduct and effectiveness of service personnel. During the war years, many thousands of investigations have been made on behalf of the National Department and much helpful advice and guidance has been given. The Public Welfare Section itself, as one of the agencies in the Province, has been in close contact since 1942 with over 1,200 servicemen's families in this work.

Various welfare services in the Province have grown up over a period of years in response to



Brother and sister in 1945, about to return to England after V-E day.

specific needs. They have not been planned, with the result that in some cases they have been uncoordinated and unrelated. The Government of the Province in 1944 undertook to examine the whole field of welfare services. This was done through a survey by the American Public Welfare Association whose report was published in September, 1944. As a result of that survey, plans are now under way to bring together under one department all the welfare services of the province and to decentralize them, so that eventually one representative of the Province in each local area will be able to carry out the provincial program of giving assistance and help to those who are in need. It is the policy in the organization of these services to establish them in such a way that they are responsible to the wishes, needs and opinions of the community being served. There is no attempt or desire to make the services available where they are not wanted. The fundamental aim of the services is to make them readily available to those individuals who, through no fault of their own, are in need of help, guidance and assistance.



Brother and sister as they arrived from war-torn England in 1940.

Health Services for Rural Communities

THE rural areas of Manitoba are too far from the cities to be served effectively by the medical personnel and facilities which are concentrated in urban areas. The only solution for rural communities is to organize their own health districts, with a medical centre adequately staffed and equipped.

Many communities have attempted to meet their problem by the municipal doctor scheme. This is prepayment for the services of a general practitioner, who is paid a reasonable salary from municipal funds. In 1944 there were twenty-one municipal doctor areas in the Province.

Municipal doctor schemes, while providing curative services, only partly meet the problem of prevention. Most municipalities in the Province are served by part-time Health Officers. Few have full-time Health Officers. This being so, the Bureau of Local Health Services has endeavored to have part-time Health Officers meet the highest standards possible. In 1942, the Bureau in co-operation with the Manitoba Health Officers Association drew up a "Minimum Standard of Health Services for Part-Time Health Officers," which was accepted by the Union of Rural Municipalities. All municipalities are encouraged to adopt these standards.

Such standards, however, are only a minimum

objective. The ultimate objective of the Bureau is to have all of rural Manitoba served by full-time Health Units.

A local Health Unit is the preventive medical centre for the district which it serves, comprising one or more municipalities. Its personnel consists of a full-time medical Health Officer, who is the director, one or more public health nurses, a sanitary inspector, and clerical staff. It is the local counterpart of a city health department, and it aims to provide the same general services: communicable disease control; maternal, infant and child hygiene; sanitation; local health education.

In other words, the local Health Unit tries to bring all public health services down to the local level. Obviously, there are some services which must be provided from urban centres or district hospitals, but a properly staffed and equipped unit can handle most public health procedures.

At present, four full-time Health Units are in operation in Manitoba. These serve the Brandon, St. Boniface, St. James-St. Vital and Dauphin areas.

The formation of full-time Health Units is actively encouraged by the Department, and generous financial assistance is provided under the Health Services Act of 1945.

Assistance to Manitoba Hospitals

IN Manitoba, there are 39 general hospitals open to the public. During the past decade, there has been a steady rise in the number of patients admitted to the general hospitals. In Greater Winnipeg, hospital admissions increased by nearly one-half; outside Winnipeg they increased two and one-half times from 1933 to 1943. For all of Manitoba, the increase was from 44,244 to 76,373 adult and child admissions. These figures are a demonstration of progress in the provision of hospital facilities, particularly in the rural areas.

Under the Department of Health and Public Welfare, the Bureau of Hospitalization administers the legislation respecting hospitals in Manitoba, and supervises the payment of the statutory grant to public hospitals.

The Bureau's Director is the executive secretary of the Hospital Council of Manitoba. This Council was set up in 1944 and consists of thirteen members,

representing the municipalities, the medical profession, the nursing profession, the hospitals of Manitoba, and the Department of Health and Public Welfare. The general functions of the Council are to set up standards of all kinds respecting hospitals, to advise the Department on the location of new hospitals, and the division of the Province into hospital areas and districts.

The setting up of the Hospital Council was a result of the report of the Hospital Commission appointed to study the hospitals of Manitoba, which was submitted in 1944 after three years of intensive work.

The report of the Hospital Commission is an exhaustive survey complete with recommendations which aim at the provision of adequate hospital facilities for all the people of the Province. In Manitoba's New Health Plan, these recommendations take definite shape for the future.

Manitoba's New Health Plan

PUBLIC health services are due for a great post-war expansion. The Dominion Government has promised to introduce Health Insurance in co-operation with the provinces. Many of the provinces are drafting their own plans, assured of financial assistance from the Dominion. In this trend, Manitoba is out in the lead. Manitoba's New Health Plan is comprehensive in scope, practical in method, and sound in construction. It became a reality in the Health Services Act of 1945, unanimously passed by the Manitoba legislature.

Health Units . . . The basic principle of the New Health Plan is that the first responsibility of a health service is prevention. Therefore the local, full-time Health Unit is made the cornerstone of the entire Plan. The objective of the Plan is to have a Health Unit operating in every area of the Province. Thus a preventive service for the whole Province can be organized.

The Health Units visualized under the Plan will comprise several municipalities, or an area with a population of from 10 to 20 thousand persons. They will be headed by a Medical Director with a staff of public health nurses, a sanitary inspector and necessary clerical help. The entire staff will be part of the Civil Service of the Province. The Medical Director will be the Health Officer for all the municipalities within the unit; he will be responsible for the enforcement of all health regulations. He and his staff will conduct the following main activities:

An immunization program.

Control of venereal disease and tuberculosis.

A preventive program in the field of maternal and child care.

Periodic examination of all school children in the area, for physical defects and disease prevention.

Consultative service in communicable diseases to all physicians in the unit.

Sanitary inspection and expert advice on sanitation problems.

Health education — including venereal diseases, tuberculosis, maternal and child care, and nutrition.

The Health Unit plan provides for efficient decentralization of public health administration. Such problems as maternal mortality, communicable and venereal diseases, can be more effectively controlled at the local level. The Health Unit plan does not compete with established private practitioners in the area of the unit. It offers consultative services to the rural doctor, and co-operates with him in all fields of public health, but it does not interfere with his practice. The curative field is still his; and his efforts will be made more effective by co-operation with the public health services of the unit.

Health Units will cost the people of Manitoba approximately one dollar per person per year. Two thirds of the cost will be assumed by the Province and the remaining one third by the participating municipalities. This is generous provision indeed, and will encourage municipalities to enter the scheme as rapidly as possible.

The Health Services Act provides that if any group of citizens requests the Minister to draw up a scheme for a Health Unit, it must be considered by the municipalities concerned. If the municipalities agree to co-operate on the scheme, the government then arranges for the setting up of the unit. If a municipal council rejects the scheme, a petition from ten per cent of the people will require the council to submit it to a vote in

the municipality; a favorable majority means the scheme goes through.

Each unit will have its own advisory board con-



Physician immunizes baby, assisted by public health nurse. This is one type of service made available to all the people by the local health unit.

sisting of local citizens, a minority appointed by the Minister, the majority appointed by the municipalities concerned. This board will administer the affairs of the unit in co-operation with the Department. In this way local opinion will be given an effective voice.

Diagnostic Facilities . . .

During the war we have learned how to plan our war effort on a basis of priorities. The Manitoba Health Plan is likewise based on a priority system. Priority No. 1—Health Units for general preventive services; priority No. 2—diagnostic facilities.

Diagnostic facilities are simply the scientific equipment by which disease is detected, identified, and examined for purposes of treatment. Great strides have been made in medical science during the past few decades. What were once rare exceptions are now becoming standard equipment in every modern medical centre. No doctor can do scientific work today without having readily available such diagnostic facilities as X-ray equipment and clinical laboratory facilities.

But many areas of Canada, especially rural areas, lag far behind in provision of such facilities. Rural Manitoba is no exception. Diagnostic facilities

should be compulsory in all hospitals; but they are often completely lacking in the smaller rural hospitals.

What the Manitoba Health Plan proposes is that the province pay all capital costs for the installation of such equipment, and two thirds of the operational costs. But this will be done only when the area in question has already set up a Health Unit.

All that a municipality in a Health Unit area will have to do is to pass a resolution requesting the government to provide diagnostic facilities at the local hospital. The government will then install a small laboratory and X-ray machine and hire a technician.

Those who are entitled to the service will get it free, except for a minimum service charge. Thus every person, irrespective of means, will have the advantage of modern diagnostic equipment and modern tests. There will be no excuse for not detecting disease early, or for not instituting immediate treatment. In this way the whole standard of rural practice will be lifted and improved. The provision of diagnostic facilities will be a great inducement for young, ambitious doctors, trained in modern hospitals, to practice in rural areas.

Medical Care . . .

The services of a general medical practitioner should be readily available when people are sick. This should apply to every resident of the province, and there should be no financial barrier between doctor and patient.

This principle has been embodied in the Manitoba Health Plan. Municipal doctor schemes have existed for many years in Manitoba, and have been encouraged by the Department. The new Act is a broadening and extension of older legislation, and greatly facilitates the methods by which municipalities can pay for medical care in advance.

The Plan does not impose a particular method of payment, but leaves several choices open to the municipality and to the doctor with whom the contract is made. Between them, the medical prac-

itioner and the municipality decide whether payment is to be by straight salary, by capitation fee (so much per resident), or by services rendered (so much per individual treatment or visit); or, they may decide on some combination of these methods.

A municipality can at any time (whether it is in a Health Unit or not) make such a contract for a municipal doctor scheme. But it cannot receive assistance from the government until it has entered fully and co-operatively into the preventive program. When the municipality has entered a Health Unit and made provision for diagnostic facilities, the govern-

ment will pay one sixth of the estimated cost.

Thus first things come first, with prepaid medical care becoming priority No. 3 under the Manitoba Health Plan.



Regular examinations help to prevent disease and keep one fit. Rural municipalities can organize positive health for young and old by adopting Manitoba's Health Plan.

Hospitals... Finally, there is the provision of adequate hospital facilities, available to all the people in the province.

The hospital problem is a large one in Manitoba. The number of hospital beds must be increased; new modern hospitals must be provided in certain areas; there is need for the rebuilding, enlargement or renovation of most of the existing hospital buildings in Manitoba; and financial aid to public hospitals must be increased.

All this involves careful planning and central direction. To meet this need, to prevent duplication of services, to avoid unnecessary expense, and to maintain a high standard of hospital efficiency, the Hospital Council of Manitoba has been set up.

The immediate objectives of the Council are: to establish standards for the construction and operation of hospitals in Manitoba, and for the hospital and nursing care and treatment of the various types of patients; to develop simple and uniform accounting and statistical procedures, adapted to the needs of the hospitals, which will enable them to report an accurate cost per patient day and other statistical data; to improve diagnostic facilities; to organize and promote an educational program for hospital trustees and personnel; and to furnish expert advice to local authorities in all matters of hospital management.

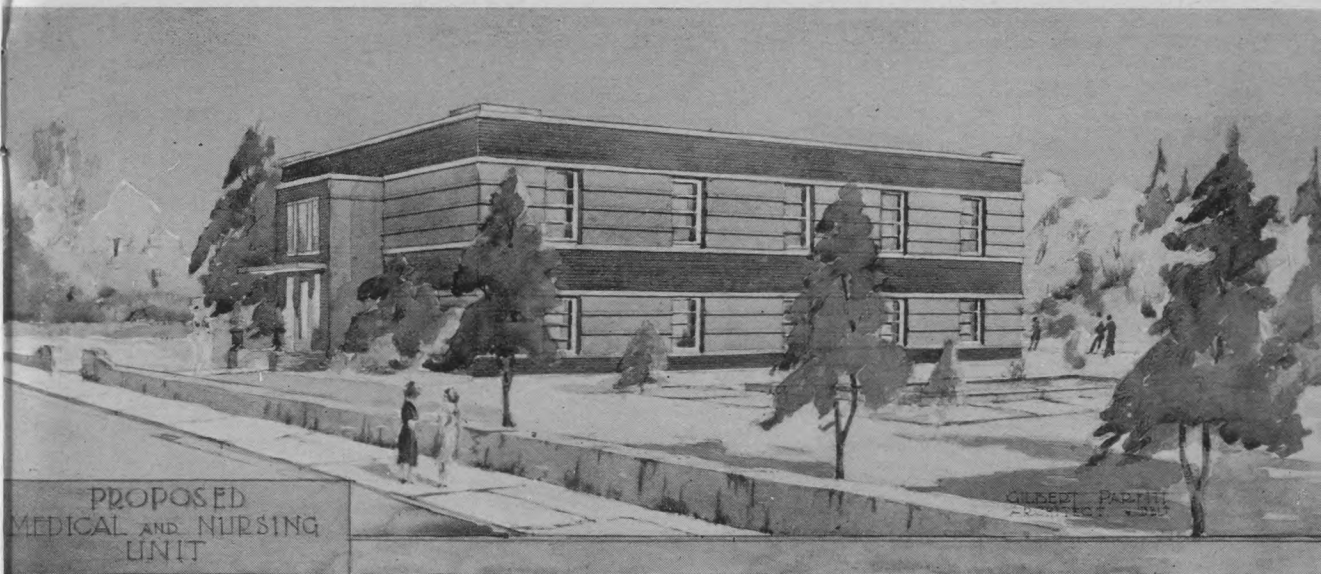
The Council is now set up and operating, and has begun its work on these objectives. The Province has been divided into three hospital areas, Winnipeg, Brandon and Dauphin. At these points the main medical centres and area hospitals for Manitoba will be established. Each area will be

further divided into hospital districts, to be served by local hospitals located at strategic points. Every local hospital will be operated by a Board of Directors representing the citizens of the community.

The Province has already increased the statutory grant to public hospitals; but it believes that the cost of hospital construction should be borne by the local community. Expert plans have been prepared by the Hospital Council for the use of communities deciding to build a hospital.

The ultimate objective of the Health Plan with regard to hospitals is the same as that of the Manitoba Hospital Council: "To make a careful study of all the factors involved in a hospital construction program, intended to provide the Province, within a reasonable length of time, with adequate facilities for the care and treatment of the acutely ill and for such preventive services as these institutions should provide."

This brief summary has left out many features of the Manitoba Health Plan. Special mention might have been made of the Advisory Commission representing the citizens of the province, which has advisory and supervisory powers in the administration of the Health Services Act; and of many other features which are important for the democratic operation of the Plan. But enough has been said to show that the Plan will enable the people and their government, working together, to build an entirely new pattern of services for public health in Manitoba.



Now...

Manitoba Looks to the Day

WHEN all the people play their part in planning for their community's health and welfare.

When the health of every child is supervised from conception to maturity.

When up-to-date hospitals are within easy reach of every home.

When all people eat enough of the right foods.

When all cases of cancer and tuberculosis are discovered early.

When health superstitions and self medication are things of the past.

When venereal diseases are wiped out.

When prevention is number one priority.

When accidents are no longer a leading cause of death.

When mental hygiene clinics serve every community.

When community centres provide recreational facilities for all the people.

When all milk is produced clean and pasteurized for added safety.

When all homes have modern sanitation.

"Without vision, the people perish . . ."

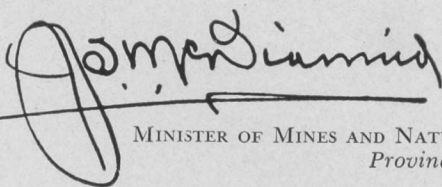


Human Resources . . .

Previous editions of "The Keystone Province" have been devoted largely to the development and conservation of Manitoba's natural resources, to recent developments in various industries, and to the mobilization of both resources and industry to meet the demands of war. In following this pattern we have had issues dealing with sport fishing, wild life, fur, water conservation, agriculture, war industry and war services.

In the present issue—devoted as it is to health and welfare measures both in effect and projected—"The Keystone Province" now tells a story of conservation in a very vital field, for no matter how rich a nation may be in its assets of land and rivers and forests, healthy people will always be essential to any development of those resources.

A forthcoming issue of "The Keystone Province," to be off the press in the near future, will turn attention once again to the Province's natural resources, pointing particularly to the conservation measures employed to safeguard our community assets.



MINISTER OF MINES AND NATURAL RESOURCES
Province of Manitoba.



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